SITE HEALTH AND SAFETY PLAN (HASP) FORM

Prepared By BRUCE ANDERSON Date 11/7/91 W.O. # 4603-22-28

I. General Information

A. Project Identification

1. Division SOUTH CENTRAL 2. Department/Office H910/HOUSTON

4. Site Name AIRPORT HOLDING A 5. Client USEPA/ PRELIMINARY ASSESMENT

6. Work Location Address FARREL Rd 1MILE NE OF HARDY/FARREL INTERSECTION
(Street Address) (City) (State) (Zip)
HOUSTON TX 77073

B. Site History

1. Describe briefly AERIAL PHOTOGRAPHS SHOW STAINED AREAS ON-SITE. THE SITE IS BELIEVED TO BE UNOCCUPIED, ONLY PALLETS & ABANDONED BUILDS ARE @ THE SITE

C. Scope of Work

1. Describe briefly ACTIVITIES WILL INCLUDE WALKING THE SITE & PHOTODOCUMENTATION.

( ) Site Visit only, Site HASP not necessary, list personnel here & sign-off below:

_____, _____, _____, _____

D. Hazard Assessment and Regulatory Status

1. Indicate Yes (Y)/No (N) to types of hazards anticipated. (N) Physio-chemical; Toxic Chemical - Levels (N) >TLV-TWA, (N) >TLV-STEL, (N) >IDLH; (N) Bio-Hazards; (N) Radiation; (N) Physical; (N) Construction type; (N) Industrial type; (N) Nuclear Industry type

2. Site Regulatory Status: CERCLA/SARA - (N) U.S. EPA, (N) State, (N) NPL Site; RCRA - (N) U.S. EPA, (N) State; OSHA - (Y) 1910, (N) 1926, (N) State; NRC - (N) 10 CFR 20; Other Fed. Agency - (N) DOE, (N) USATHAMA, (N) Air Force;

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard Hasp will be used and append the appropriate pages of this Form along with the Standard Plan.

3. Standard Plan to be used: (N) Stack Test (N) Air Emissions (N) Asbestos (N) Industrial Hygiene (N) Life Systems (N) Hazardous Mat. (N) Construction (N) NRC/DOE (N) USATHAMA (N) Air Force

D. Review and Approval Documentation

1. Reviewed By: a. P.M. _____ Date 11/27/91
b. P.D. _____ Date _____
c. DSO/RSO _____ Date 12/4/91
d. SHSC _____ Date 11/11/91

2. Approved BY: _____ Date _____
( ) a. Corporate Health and Safety Director (CHSD)
( ) b. DSO/RSO **(Only with specific delegation by CHSD)**

Project Start Date Dec 12, 91 ;End Date 2/1/91. **This Site HASP must be Reissued/Reapproved for any activities conducted after: Date** _____
Amendment Date(s) 1._____ 2._____ 3._____ 4._____ 5._____

9723307

1.0 Key Personnel (Continued)

WESTON Representatives

Organization/Branch	Name/Title	Address	Telephone
WESTON / Houston	John DiFilippo Zone Manager	5599 San Felipe, Suite 700 Houston, TX 77056	713-621-1620
WESTON / Houston	Barry Simmons HSC ~~Project Manager~~		
WESTON / Houston	Steve Mitchell Asst Geologist II		
WESTON / Houston	Bruce Anderson Asst Engineer II		
WESTON / Houston	Arlin Houles (Project Manager)	same	same

Roles and Responsibilities: The WESTON field inspection team will meet and interview site representatives, and tour the site (walking) to complete the necessary reconnaissance for the preliminary assessment.

(WESTON Subcontractors) N/A

Organization/Branch	Name/Title	Address	Telephone

Roles and Responsibilities: _____

2.2 Site Specific Health and Safety Personnel

The SHSC for activities to be conducted at this Site is Barry Simmons

The Site Health and Safety Coordinator (SHSC) has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field. Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as SHSC's are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120

Qualifications: 40hr course / First Aid & CPR / Field Experience / SHSC course / Level C's/B's Certified SHSC

Designated alternatives include: Greg Braddy and Arlin Houles.

II. Health and Safety Evaluation

A. Hazard Assessment

1. Background Review: Complete ( ) Partial (X) If partial, why? _____
WESTON is completing the preliminary assessment/inspection of this site. The site representative reports that no hazardous substances are on-site that could be a health and safety concern; but this is unverified.

2. Activities Covered Under this Plan

No.	Task/Subtask	Description	Schedule (Week of)
1	1	SITE VISIT FOR INTERVIEW/INSPECTION/PHOTOGRAPH PURPOSES	12/9/91
—		*[Note that No intrusive/sampling activities will be completed during this site visit]	
—			
—			
—			

3. Types of Hazards: (Place a Y/N in each ( ) to indicate presence/absence of hazard)

a. PhysioChemical (N) Flammable (N) Explosive (N) Corrosive (N) Reactive
(N) O_2 Rich (N) O_2 Deficient [1]*

Chemically Toxic (N) Inhal. (N) Ingest. (N) Cont. (N) Absorb.
(N) Carcin. (N) Mutagen (N) Terat.
(N) OSHA 1910.1000 Substance
(N) OSHA Specific Hazard. Sub. Standard, Describe _____

b. Biological (N) Etiol. Agent (N) Other - Plant, insect, animal, [2]*

c. Radiation Ionizing - (N) Internal Exposure (N) External exposure [3]*
Non-ionizing - (N) UV; (N) IR; (N) RF; (N) MicroW; (N) LASER

d. Physical Hazards ( ) [4]* e. Construction Activities ( ) [5]*

* The number in the [ ] refers to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate Hazard Class.

B. Source/Location of Contaminants and Hazardous Substances

1. Directly Related to Tasks

(N) Air _____; (N) Soil _____;
(N) Other Surface _____; (N) S. Water _____;
(N) G. Water _____; (N) Other _____.

2. Indirectly Related to Work - Nearby Process(s) which could affect team members:

(N) Client Facility; (N) Nearby Non-client Facility. Describe _____

(N) Client briefing arranged.

[1] Chemical Hazards (None Known or anticipated)

[a] Identify and attach Material Safety Data Sheets for all reagent type chemicals, solutions or other materials identified as or which in normal use could produce hazardous substances used in performing tasks related to tasks related to this project. ( ) N/A

[b] Chemical Contaminants of Concern ( ) N/A If present, provide following data.

Hazardous Substance/ Tasks	Physical Properties and Characteristics*	Exposure Limits PEL/TLV**	Route(s) of Exposure***/ Symptoms	Monitoring Instruments/IP+ % Response
	(*) State_____ pH___FP_____LEL____UEL_____ Auto.Ig_____BP ____MP_____ Incompatible with - _____ _____ _____ Sp.Gr_____Vap.D_____ Vap.P_____H20 Sol._____ Oth._____,_____			
	(*) State_____ pH___FP_____LEL____UEL_____ Auto.Ig_____BP ____MP_____ Incompatible with - _____ _____ _____ Sp.Gr_____Vap.D_____ Vap.P_____H20 Sol._____ Oth._____,_____			

* E = Explosive, F = Flammable, C = Corrosive, R = Reactive, W = Water reactive, O = Oxid. Ra = Radioactive. State = Normal physical state at site/proj. temp.

** Use lowest of two, if no TLV/PEL, use Toxicity data in following order: Lowest Toxic C humans (LTC-HMN), Lowest Lethal Conc. in humans (LLC-HMN), Lowest Toxic Dose in humans (L Lowest Lethal Dose in humans (LLD-HMN), LC_{50} or LD_{50} in humans, the Lowest Toxic Concentr Lowest Toxic Dose in animals, the lowest LC_{50} or LD_{50} in animals.

*** I = Inhalation, G = Ingestion, S = Skin Absorption, C= Contact, D - Direct Penetrat

+ IP = Ionization Potential

[2] Biological Hazards of Concern (None known or anticipated)

No.	Hazard	(Y/N)	Task No.(s)*	Location/ Source (K,S)**	Route of Exposure (I,G,C,D)+	Team Member(s) Allergic?	Immunization Required?
1.	Poisonous Plants	( )					
2.	Insects	( )					
3.	Snakes, Reptiles	( )					
4.	Animals	( )					
5.	Sewage	( )					
6.	Etiologic Agents	( ) (List)					

* List all task Nos. which would involve potential exposure to these hazard(s).
** K = Known, S = Suspect. + I = Inhalation, G = Ingestion, C = Contact, D = Direct Penetration (Bite, Inject., Open wound or sore)

[3] Radiation Hazards of Concern (Known or Anticipated None)

TYPE

1. Ionizing

	Location/ Source	TYPE EMITTER	TASK NO.(S)	EXPOSURE LIMITS	Protection Protocol REFERENCE
RadioNuclide					

2. Non-ionizing

	Location/ Source	TASK NO.(S)	EXPOSURE LIMITS	Protection Protocol REFERENCE
Ultra violet				
Infra Red				
Microwave				
Radio-Freq.				
LASER				

[4] Physical Hazards of Concern (None Known or Anticipated)

		Hazard (Y/N)	TASK No(s).	Protection OP(s) Attached
1.	Noise	( )		
2.	Heat - ambient air	( )		
	- Hot Process - Steam	( )		
	- Hot Process - LT[3]	( )		
	- Hot Process - Incin.	( )		
3.	Cold	( )		
4.	Rain	( )		
5.	Snow	( )		
6.	Electric Storms	( )		
7.	Confined Space Entry	( )		
8.	"Hot Work"	( )		
9.	Heavy Manual Lifting/Moving	( )		
10.	Rough Terrain	( )		
11.	Housekeeping	( )		
12.	Structural Integrety	( )		
13.	Neighborhood	( )		
14.	Remote Area	( )		
15.	Compressed Gases	( )		
16.	Diving	( )		
17.	Using Boats	( )		
18.	Working over Water	( )		
19.	Traffic	( )		
20.	Explosives	( )		
21.	Heavy Equipment Operation	( )		
22.	Lifting Equipment Operation. - Cranes,	( )		
	- Manlifts	( )		
23.	Working at Elevation	( )		
24.	Using Ladders	( )		
25.	Using Scaffolding	( )		
26.	Excavating/Trenching	( )		
27.	Materials Handling	( )		
28.	Haz. Mat. Use/Storage - flam.liq./gases	( )		
	- oxidizers	( )		
	- corrosives	( )		
29.	Fire Prevent/Reponse plan required	( )		
30.	Fire Extinguishers required	( )		
31.	Demolition	( )		
32.	Utilities - Underground	( )		
	- Overhead	( )		
33.	Electrical - General	( )		
	- High Voltage	( )		
34.	Welding/cutting/burning	( )		
35.	Hand tools	( )		
36.	Power Hand Tools	( )		
37.	High Pressure Water	( )		
38.	Other SIF	(✓)	1	NO FLD
39.	Other	( )		
40.	Other	( )		

SITE INSPECTION ONLY

TASK BY TASK RISK ANALYSIS

The preceding Tables identify the hazards known or suspected to be present in accomplishing the tasks involved in this project.

Section II A. 2. of this HASP describes the background of this site/project and identifies the tasks involved.

Below briefly describe each task and the likelihood of exposure to the hazards identified and the protective protocols to be used.

1.

TASK 1 Site Inspection (Preliminary Assessment)

The two WESTON field personnel, Steve Mitchell & Bruce Anderson, will walk across the site to observe site features and note any signs of visual contamination or any potential waste sources. No sampling will be completed during this inspection. The field team will be escorted by a site representative who is familiar with the site. The likelihood of exposure to any chemical or biological or radiological hazard is expected to be practically non existant since these hazards are not reported to be present onsite. However, the WESTON team will will dress in a modified level-D and carry an FID to perform air monitoring during the investigation. The WESTON team will withdrawal from areas of the site exhibiting ≥5 ppm reading on the FID; The potential for exposure to minor physical hazards is more likely. WESTON personnel will avoid all areas/activities which would result in exposure to a physical hazard, that is imminently dangerous. A GM RADIMETER WILL ALSO PERFORM AIR MONITORING DURING THE INVESTIGATION. THE WESTON TEAM WILL WITHDRAW FROM AREAS OF SITE EXHIBITING >3X BACKGROUND.

III. Personnel Protection Plan

A. Engineering Controls

1. Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

_____ None

_____

B. Administrative Controls

1. Describe Administrative controls used as part of Personnel Protection Plan:

Task(s)

_____ None

C. Personnel Protective Equipment *

1. Action Levels for Changing Levels of Protection

(1) Task No.(s) Define Action Levels for up or down grade for each task

For all field work, the WESTON team will evacuate the site if an FID response of ≥5 units is measured in the breathing zone atmosphere.

BENZENE IS NOT EXPECTED TO BE PRESENT AT THIS SITE, THEREFORE THE BLANKET ACTION LEVEL OF 5 ppm FOR ORGANIC VAPORS WILL BE OBSERVED.

c. Description of Levels

Task(s) SITE INSPECTION _____

	Level D	Level D		
Head	(X) Hard Hat	( )	( )	( )
Eye & Face	(X) Safety Glasses (wear any	( )	( )	( )
Hearing	( ) Site operations (if any)	( )	( )	( )
Arms & Legs only	( )	( )	( )	( )
Whole Body	(X) Tyvek or	( )	( )	( )
Apron	( ) Coveralls	( )	( )	( )
Hand - gloves	(X) Latex Surgical	( )	( )	( )
- gloves	( )	( )	( )	( )
- gloves	( )	( )	( )	( )
Foot - Boots	(X) Steel Toed	( )	( )	( )
- Boots	(X) Rubber	( )	( )	( )
- Boots	( )	( )	( )	( )

Pg 9 is not needed for this HASP

IV. Site or Project Hazard Monitoring Program

A. Direct Reading Air Monitoring Instruments

1. Instrument Selection & Initial Check Record

	No.	Task No.(s)	Instrument checked upon receipt	Initials
CGI-	( )		( )	
O_2 -	( )		( )	
CGI/O_2-	( )		( )	
CGI/O_2/tox-PPM,H_2S,H_2S/CO	( )		( )	
RAD-GM,	(*)	Site Inspection	( )	
-NaI	( )		( )	
-ZnS	( )		( )	
-OTHER	( )		( )	
PID -HNU 10.2	( )		( )	
-HNU 11.7	( )		( )	
-HNU 9.5,	( )		( )	
-PHOTOVAC,TMA,OTHER	( )		( )	
FID -FOX-128	(*)	Site Inspection	( )	
-FOX 128GC	( )		( )	
-HEATH,AID,OTHER	( )		( )	
RAM, Mini-RAM, Other	( )		( )	
MONITOX-HCN	( )		( )	
H_2S	( )		( )	
COCL,	( )		( )	
SO_2,	( )		( )	
OTHER	( )		( )	
Bio-Aerosol Monitor	( )		( )	
Detector Tubes				
Pump - MSA,Draeger,Sensidyne	( )		( )	
- Tubes(No.)/type	( )	( )	( )	
- Tubes(No.)/type	( )	( )	( )	

Reporting Format ____1.Field notebook. ____2.Field data sheets. ____3.Air monitoring log.____4.Trip report.____5.Other:

2. Direct Reading Air Monitoring Instruments Calibration Record

Instrument, Mfg., Model, Eqp.ID. No.	Date	Time	Calib, Material	Calib. Method Mfg.'s	Other	Initial Setting& Reading	Final Setting& Reading	Calibs. Initials

Site Air Monitoring Program

Air Monitoring Instrument FID

Air Monitoring Frequency	Tasks
____ 1. Periodically ____	____
____ 2. Periodically ____	____
* 3. Continuous	
____ 4. Other: ____	

Monitoring Locations	Tasks
X 1. Upwind/downwind of site activities.	____
____ 2. Near residents, etc.	____
____ 3. Key site activity locations:	
____ decon area	____
____ staging area	____
____ excavation area	____
____ field lab area	____
____ storage tanks	____
____ lagoons	____
____ drums	____
____ 4. Fixed stations	
X 5. Other: Immediate vicinity of field inspection team at breathing zone level	____

Air Monitoring Instrument GM Radiometer

Air Monitoring Frequency	Tasks
____ 1. Periodically ____	____
____ 2. Periodically ____	____
X 3. Continuous	
____ 4. Other: ____	

Monitoring Locations	Tasks
X 1. Upwind/downwind of site activities.	____
____ 2. Near residents, etc.	____
____ 3. Key site activity locations:	
____ decon area	____
____ staging area	____
____ excavation area	____
____ field lab area	____
____ storage tanks	____
____ lagoons	____
____ Drums	____
____ 4. Fixed stations	
X 5. Other: Immediate VICINITY OF FIELD INSPECTION TEAM @ BOTH BREATHING & GROUND ZONE LEVELS	____

D. Action Levels

____ 1. Explosive atmosphere: Tasks _____

Action Level	Action
<10% LEL	Continue investigation
10%-25% LEL	Continue on-site monitoring with extreme caution as higher levels are encountered.
>25% LEL	Explosion hazard. **Withdraw from area immediately.**

____ 2. Oxygen: Tasks _____

Action Level	Action
<19.5%	Monitor wearing SCBA. NOTE: Combustible gas readings may not be valid in atmospheres with <19.5% oxygen.
19.5%-25%	Continue investigation with caution, as Oxygen levels > 21% require extreme caution. Other than normal level may be due to presence of other substances.
>25%	Fire hazard potential. Stop work and Consult a fire safety specialist.

X 3. Radiation: Tasks SITE INSPECTION

Action Level	Action
3 x Bkg - <2 mR/hr	Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible source(s) radiation present. Continue investigation with caution. Perform thorough monitoring. **Consult with a health physicist.**
> 2 mrem/hr	Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of a health physicist.

* 4. Organic gases and vapors: Leave area ≥ 5 ppm on FID (OVA) (Limits)

____ 5. Inorganic gases and vapors:

Action Level	Action
Depends on chemical	Consult standard reference manuals for air concentration/ toxicity data. Action level depends on PEL/REL/TLV.

These Action Levels, if not defined by regulation, is some percent (usually 50%) of the applicable PEL/REL/TLV. That number must also be adjusted to account for instrument response factors.

Pg 14 - 19 are not needed for this project

IV. DECONTAMINATION PLAN

1. Personnel Decontamination

Section III C. lists the tasks and specific levels of protection required for each. Consistent with the levels of protection required, step by step procedures for personnel decontamination for each Level of Protection are attached.

2. Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be [___ Level B, ___ Level C, X Level D].
(CHECK) Modifications include: _____

4. Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery folllows: _____

5. Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:
Wipe down w/ moist cloth

3. Disposition of Decontamination Wastes

(Provide a description of waste disposition including identification of storage area, hauler, and final disposal site if applicable.)
BAGGED / TAKEN AWAY BY [illegible]

V. Contingencies

A. Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
Local Medical Emergency Facility		440 2146
WESTON Medical Emergency Contact	AGATHA	(513) 421-3063
WESTON Health and Safety		(215) 430-7406
Fire Department	911	(911)
Police Department	911	(911)
On Site Coordinator	Barry Simmons	(713) - 621 - 1620
Site Telephone	—	—
Nearest Telephone	—	—
	(Location)	TO BE DETERMINED

B. LOCAL MEDICAL EMERGENCY FACILITY(S)

1. Primary

Name of Hospital Northwest Houston Medical Center

Address: 710 FM 1960 WEST Phone No. 440-1000

Name of Contact ER Phone No: 440-2146

Type of Service - Physical Trauma only ( ) Chemical Exposure only( )
Physical Trauma & Chemical Exposure ( ) Available 24 Hours ( )

Route to Hospital: (Attach Map) WEST ON FARRELL ROAD. NORTH ON HARDY ROAD WEST on 1960, pass three lights, Hospital is on right.

Travel Time From Site (Minutes)_____ Distance to Hospital (Miles)____ Name/No. of 24 Hr. Ambulance Service_____

2. Secondary or Specialty Services Provider

Name of Hospital_____

Address:_____ Phone No. _____

Name of Contact_____ Phone No._____

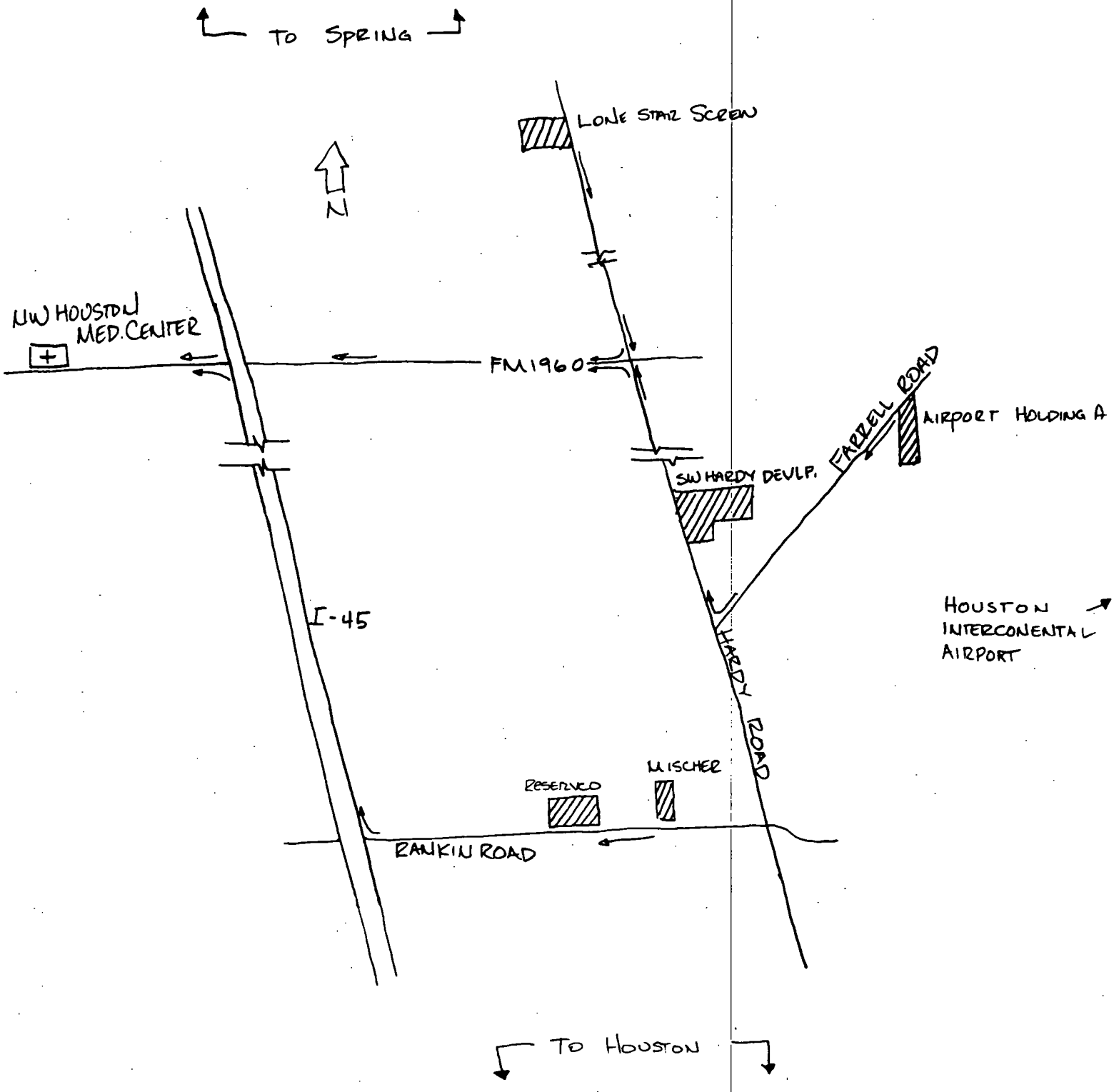
Type of Service - Physical Trauma only ( ) Chemical Exposure only( )
Physical Trauma & Chemical Exposure ( ) Available 24 Hours ( )

Route to Hospital: (Attach Map) _____

Travel Time From Site (Minutes)_____ Distance to Hospital (Miles)____ Name/No. of 24 Hr. Ambulance Service_____

Pg 22 IS NOT Needed FOR THIS PROJECT

MAP TO HOSPITAL



VI. Site Personnel and Certification Status

A. WESTON

Name	Title	Task(s)	Medical Current a.	Fit Test Current Qual. b.	Fit Test Current Quant. b.	Training Current c.	Certification Level or Description
1. Steve Mitchell	Asst Geol II	Site Visit	(Y)	(Y)	( )	(Y)	B-T
2. Bruce Anderson	Asst Engr II	Site Visit	(Y)	(Y)	( )	(Y)	B-T
3.			( )	( )	( )	( )	( )
4.			( )	( )	( )	( )	( )
5.			( )	( )	( )	( )	( )
6.			( )	( )	( )	( )	( )
7.			( )	( )	( )	( )	( )
8.			( )	( )	( )	( )	( )
9.			( )	( )	( )	( )	( )
10.			( )	( )	( )	( )	( )
11.			( )	( )	( )	( )	( )
12.			( )	( )	( )	( )	( )
Site Health and Safety Coordinator (SHSC)							
16. Barry Simmons	Project Manager		(Y)	(Y)	( )	(Y)	L-S/B-T

(a) Training - All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910 29, CFR 1926/1910 or 29 CFR 1910.120.

(b) Respirator Fit Testing - All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI within the last 12 months. If site conditions require the use of a full face negative pressure, air purifying respirator for protection from Asbestos or lead, employees must have had a Quantitative fit test, administered according to OSHA 29 CFR 1910.1002 or 1025 within the last 6 months.

(c) Medical Monitoring Requirements - All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work, and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910 or 29 CFR 1910.120.

The Site Health and Safety Coordinator is responsible for verifying all certifications and fit tests.

Pg 24 is not needed for this project

VII. HEALTH AND SAFETY PLAN APPROVAL/SIGN OFF FORMAT

1. Site Name Airport Landing A 2. WO# 4603-22-28

Work Location Address Farrell Rd Houston TX 77073
(Street Address) (City) (State) (Zip)

I have read, understood, and agreed with the information set forth in this Health and Safety Plan (and attachments) and discussed in the Personnel Health and Safety briefing.

Barry Simmons	Barry E. Simmons	
Site Safety Co-ordinator	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
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Name	Signature	Date

VIII. Training and Briefing Topics

The following items will be covered at the site specific training meeting, daily or periodically.

The HASP and relative site features will be discussed at the site perimeter before completing reconnaissance on-site

Site Specific Training Meeting	Daily	Periodically	
X	X		Site characterization and analysis, Sec. 3.0; 29 CFR 1910.120 i.
			Physical hazards, Table 3.2.
			Chemical hazards, Table 3.1.
X	X		Animal bites, stings and poisonous plants.
			Etiologic (Infectious) Agents.
			Site control, Sec. 8.0; 29 CFR 1910.120 d.
			Engineering controls and work practices, Sec. 8.5; 29 CFR 1910.120 g.
			Heavy Machinery.
			Forklift
			Backhoe
			Equipment
X	X		Tools
			Ladder 29 CFR 1910.27 d.
			Overhead and Underground Utilities
			Scaffolds
			Structural Integrity
			Unguarded Openings-wall, Floor, Ceilings (?).
			Pressurized Air Cyclinders
			Personnel Protective Equipment, Sec. 5.0; 29 CFR 1910.120 g; 29 CFR 1910.134

Attachment 1. Level D/Modified Level D Decontamination
[Check indicated Functions or add steps as necessary]

STEP	FUNCTION	DESCRIPTION OF PROCESS, SOLUTION AND CONTAINER
( )	Segregated equipment drop	
( )	Boot cover and glove wash	
( )	Boot cover and glove rinse	
( )	Tape removal - outer glove and boot	
( )	Boot cover removal	
( )	Outer glove removal	
	HOT-LINE	
( )	Suit/safety boot wash	
( )	Suit/boot/glove rinse	
( )	Safety boot removal	
( )	Suit Removal	
( )	Inner glove wash	
( )	Inner glove rinse	
( )	Inner glove removal	
( )	Inner clothing removal	
	CRC/SAFE ZONE BOUNDARY	
(✓)	Field wash	WIPE BOOTS DOWN WITH WASH CLOTH
( )	Redress	

DISPOSAL PLAN:
END OF DAY: BAG WASH CLOTH, GLOVES, & OTHER SOLID WASTE
DUMP LIQUID WASTE ON SITE
END OF WEEK:
END OF PROJECT: